

DATE: July 18, 1984

TO: John Osborn, ESD

FROM: Dave Buecker, RPM

SUBJ: Preliminary Assessment

Owens-Corning

St. Helens, OR

REF: TDD R10-8404-09

Site Description: Manufacturing of wood fiber products, treatment lagoon.

Waste History: Treatment of pulp wastes.

Assessment Priority: Low Reason: Specific nature of wastes unknown,  
only apparent wastes are those of pulp manufacturing. The plant  
has been in mothballs since 1981. Prior to that Oregon DEQ kept a close  
"eye" on plant.

Areas of Possible Concern: Unknown nature of waste.

Information Sources: EPA and Oregon DEQ files.

USEPA SF



1443737



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
OR ORD 0934 76109

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Owens-Corning Fiberglass		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Old Portland Road			
03 CITY St. Helens	04 STATE OR	05 ZIP CODE 97501	06 COUNTY Columbia	07 COUNTY CODE 009	08 CONG DIST 03
09 COORDINATES LATITUDE _____		LONGITUDE _____			
10 DIRECTIONS TO SITE (Starting from nearest public road) _____					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Owens-Corning Fiberglass Corp		02 STREET (Business, mailing, residential) Fiberglass Tower			
03 CITY Toledo	04 STATE OH	05 ZIP CODE 43659	06 TELEPHONE NUMBER ( )		
07 OPERATOR (If known and different from owner) _____		08 STREET (Business, mailing, residential) _____			
09 CITY _____	10 STATE _____	11 ZIP CODE _____	12 TELEPHONE NUMBER ( )		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: 9, 21, 81 MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1930 1981 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Type of waste unknown, source of waste-MFG. of wood fiber products, plant has been in mothballs since 1981.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION None apparent. DEQ records show that a close "eye" was kept on this site and that there were no apparent problems with the site.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Impacts) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Debbie Flood	02 OF (Agency/Organization) EPA	03 TELEPHONE NUMBER (206) 442-2722			
04 PERSON RESPONSIBLE FOR ASSESSMENT Chris Nadler/Jeff Whidden	05 AGENCY EPA/FIT	06 ORGANIZATION EEI	07 TELEPHONE NUMBER (206) 624-9537	08 DATE 7, 18, 84 MONTH DAY YEAR	



☐ I. HIGHLY VOLATILE  
☐ J. EXPLOSIVE  
☐ K. REACTIVE  
☐ L. INCOMPATIBLE  
☐ M. NOT APPLICABLE

## EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

OR ORD 093476109

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_  
(Across)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE OR 02 SITE NUMBER  
ORD 093476109

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (Include names of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., EPCRA logs, sample analysis, reports)